



LINCOLN POLICE DEPARTMENT

575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

November 20, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Dino's Eastside Grill, 2901 S.84th Street requesting that Savanna Carman be approved as the manager of the class C liquor license.

A background investigation was completed with the following results.

Savanna Carman criminal history shows.

1. Mip 2001.
2. Minor traffic offenses in 2010.

No other areas of concerns were found.

The applicant completed the required training on 10-10-2013.

Her application is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE

☒ FEMALE

Last Name: Carman First Name: Savanna MI: L

Home Address (include PO Box if applicable): 431 N Coddington Ave #16

City: Lincoln County: Lancaster Zip Code: 68528

Home Phone Number: 402-440-4157 Business Phone Number: 402-327-0200

Social Security Num: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Grant NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

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Spouses Last Name: OCT 15 2013 First Name: _____ MI: _____

Social Security Number: NEBRASKA LIQUOR Drivers License Number & State: _____

Date Of Birth: CONTROL COMMISSION Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln NE	2006	current	Kearney NE	2003	2004
Osceola NE	2005	2006	Imperial NE	1985	2003
Imperial NE	2004	2005			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2013	Granite City Food Brewery	Kevin Drought	402-466-1900
2005	2006	Ryan Hills Country Club	Lori Watts	

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Savanna Carman	3/2001	Imperial NE	Ming in Possession	

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NEBRASKA LIQUOR CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO - Fingerprints are on file w/ Nebraska State Patrol

5. List any alcohol related training and/or experience (when and where).

RBS T / City of Lincoln Liquor Training - April 2013 - online
Responsible Hospitality Council
Management Training - Oct 10, 2013 -
27th + Holdredge

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

09/25/2013

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126-85

CHILD—NAME FIRST MIDDLE LAST			SEX	DATE OF BIRTH (Month, Day, Year)		TIME
1. Savanna Lyn Carman			2. Female	3a.		3b. 10:09 PM
HOSPITAL—NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION (Specify Yes or No)		COUNTY OF BIRTH
4a. Perkins County Hospital			4b. Yes	4c. Grant		4d. Perkins
I certify that the stated information concerning this child is true to the best of my knowledge and belief.				DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER
5a. (Signature) L. C. Potts, M. D.				5b. August 6, 1985		5c.
CERTIFIER—NAME AND TITLE (Type or print)				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
6a. L. C. Potts, M. D.				6b. Grant, Nebraska 69140		
REGISTRAR—SIGNATURE				RECEIVED MONTH DAY YEAR		
7a. Mary Buss				7b. August 6 1985		
MOTHER—MAIDEN NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
8a. Joni Lea Miller			8b. 18	8c. Imperial, Nebraska		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION (Include zip code)	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER		
9a. Nebraska	9b. Chase	9c. Imperial 69033	9d. Yes	9e. P. O. Box 703		
MOTHER'S MAILING ADDRESS—Enter if not same as residence						
FATHER—NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
11a. Alan Lee Carman			11b. 24	11c. Ontario, Oregon		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.				RELATION TO CHILD		
(Signature of Parent or other informant) Joni Lea Carman - Alan Lee Carman				12b. Mother - Father		

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NEBRASKA LIQUOR
CONTROL COMMISSION